

Jim Doyle
Governor

Helene Nelson
Secretary



State of Wisconsin

Department of Health and Family Services

DIVISION OF HEALTH CARE FINANCING


1 WEST WILSON STREET
P O BOX 309
MADISON WI 53701-0309

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 608-261-7798
www.dhfs.state.wi.us

MEMORANDUM

DATE: December 19, 2003

TO: All Pharmacies, Dispensing Physicians, HMOs, and Blood Banks

FROM: Mark B. Moody, Administrator 
Division of Health Care Financing

SUBJECT: Updated Medicaid Pharmacy Handbook

I. Updated Pharmacy Data Tables

The Pharmacy Data Tables section of the Wisconsin Medicaid Pharmacy Handbook is attached. This section is updated and has changes to the following tables:

- Appendix 1 – Numeric Listing of Manufacturers That Have Signed Rebate Agreements. This list includes a column identifying manufacturers who signed a rebate agreement for SeniorCare.
- Appendix 2 – Less than Effective/Identical, Related, or Similar Drugs.
- Appendix 3 – Legend Drug Maximum Allowed Cost List.
- Appendix 4 – Over-the-Counter (OTC) Maximum Allowed Cost List.
- Appendix 6 – Wisconsin Medicaid Noncovered Drugs – Manufacturer Rebates Refused.
- Appendix 7 – Diagnosis Restricted Drugs.

II. Providers Should Keep CD-ROM from July 2003

Since this CD-ROM only includes the updated Data Tables section of the Wisconsin Medicaid Pharmacy Handbook, pharmacy providers should keep the July 2003 pharmacy CD-ROM. This assures that providers have the entire Pharmacy Handbook, including SeniorCare, the All-Provider Handbook, and the Disposable Medical Supplies Index.

III. Prior Authorization for Proton Pump Inhibitor Drugs

Effective for dates of service on and after January 15, 2004, all proton pump inhibitor (PPI) drugs except OTC Prilosec[®] will require prior authorization (PA) and all PPI drugs remain diagnosis restricted. Currently certain PPI drugs require PA and all PPI drugs are diagnosis restricted.

As recommended by the Wisconsin Medicaid PA Advisory Committee, Medicaid recipients will be required to try OTC Prilosec[®] even if they are currently taking another PPI drug. If the recipient has failed on omeprazole, PA requests may be granted for one of the brand-name products. In addition, children weighing less than 20 kg, pregnant women and individuals unable to swallow a tablet due to a mechanical swallowing dysfunction secondary to a disease process will be granted PA for one of the other products. As with other OTC medications, Medicaid recipients will continue to need a prescription in order to receive OTC Prilosec[®].

SeniorCare does not cover OTC medications. Therefore, SeniorCare recipients will be required to purchase OTC Prilosec[®]. If a participant has failed on omeprazole, a PA for one of the brand-name products may be granted.

Prior authorization will be available through the STAT-PA system. Pharmacies may begin requesting PA on January 5, 2004, for dates of service on and after January 15, 2004. Attached is a worksheet providers may wish to use when calling the STAT-PA system.

Providers are reminded that when a PA is requested, it may be granted for up to 365 days. When the STAT-PA system asks for a quantity requested, providers should respond "365" if you want a year's approval. The provider will then be granted a PA number which is used every month for a year.

Providers will not have to submit new or amended PA requests for previously approved PA requests. Subsequent PAs must adhere to the new criteria.

IV. Additional Copies of Publications

All Wisconsin Medicaid and BadgerCare Updates, as well as the Pharmacy Handbook and the All-Provider Handbook, can be downloaded from the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

Pharmacies will automatically receive a CD-ROM quarterly, unless they notify pharmacy provider services that they want only a paper copy. Pharmacies may receive either a CD-ROM or a paper copy, but not both.

To receive only paper copies of pharmacy materials, please call Medicaid Provider Services at (800) 947-9627 or (608) 221-9883.

Please call Medicaid Provider Services with questions about the information in this handbook.

**WISCONSIN MEDICAID
STAT-PA DRUG WORKSHEET FOR
BRAND NAME PROTON PUMP INHIBITOR DRUGS (PPIs)**

This worksheet is to be used by pharmacists and dispensing physicians only.

Protonix and generic proton pump inhibitor drugs (PPIs) do not require prior authorization (PA). All other brand name PPIs require PA.

Name — Recipient	
-------------------------	--

The Specialized Transmission Approval Technology-PA (STAT-PA) system will ask for the following items in the order listed below:

GENERAL INFORMATION

Wisconsin Medicaid Provider Number	_____
Recipient Medicaid Identification Number	_____
National Drug Code	_____
Prescriber's Drug Enforcement Administration Number	_____
Diagnosis Code Use the most appropriate <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> diagnosis code. The decimal is not necessary. The diagnosis code must be one of the PPI-approved codes.*	
Place of Service (Patient Location) Use patient location code "00" (Not Specified), "01" (Home [IV-IM Services Only]), "04" (Long Term/Extended Care), "07" (Skilled Care Facility), or "10" (Outpatient).	_____
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested**	

CLINICAL INFORMATION

1. Has the recipient tried and failed or had an adverse reaction to Omeprazole? If yes, press "1." If no, press "2." ____
 - a. If yes, the PA request will be approved for up to 365 days.
 - b. If no, the provider will be asked:
2. Is the recipient a pregnant woman or a child who weighs less than 20 kilograms?
 - a. If yes, the PA request will be approved for up to 365 days.
 - b. If no, the provider will be asked:
3. Is the recipient unable to swallow over-the-counter Prilosec due to a mechanical swallowing dysfunction secondary to a disease process (e.g., cancer, stomatitis, or oral-pharyngeal trauma) or tissue injury?
 - a. If yes, the PA request will be approved for 365 days.
 - b. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."

STAT-PA RESPONSE

Assigned PA Number	_____
First Date of Service	
Expiration Date	
Number of Days Approved	

Continued

ADDITIONAL INFORMATION

The pharmacist learned of this diagnosis or reason for use when:

- ☐ The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.
- ☐ The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.
- ☐ The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.

Check the appropriate box:

- ☐ This is a new PA request.
- ☐ This is a renewed PA request.

*PPI-approved codes are:

E9356	NSAID-induced gastric ulcer, NSAID-induced duodenal ulcer
4186	H. Pylori infection
2515	Zollinger-Ellison syndrome
53019	Erosive esophagitis
53081	Gastroesophageal reflux
5368	Gastric hypersecretory condition

**Days' supply requested equals the total days allowed by prescription. For example, for a one-year supply, providers should enter "365."